

# Child Enrollment Form

Child's Name: \_\_\_\_\_ Child's Birthdate: \_\_\_\_\_

Are you a resident of Mountain Park?  Yes  No Primary language spoken at home: \_\_\_\_\_

Desired Schedule (circle all that apply): Mon Tues Wed Thurs Fri Half Days (8:30a-12:30p) Full Days (7a-6p)

## Parent/Guardian Contact Information

Name		Relationship
Home Address		City & Zip
Email	Home Phone	Cell Phone
Employer and Work Hours		Work Phone

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Home Address		City & Zip
Email	Home Phone	Cell Phone
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## Allergy & Health Information

Food Allergies or Sensitivities: \_\_\_\_\_ EpiPen? Y / N

External or Medication Allergies: \_\_\_\_\_

Health Issues / Concerns: \_\_\_\_\_

Potty Trained?  Diapers  In Training  Fully Potty Trained

## Required Emergency Contact Information—people other than parent or guardian that can be contacted in an emergency and/or are authorized to pick up child. At least one person listed needs to be an emergency contact.

Name	Home Phone	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to Pick-Up
Relationship	Cell Phone	
Name	Home Phone	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to Pick-Up
Relationship	Cell Phone	
Name	Home Phone	<input type="checkbox"/> Lives With <input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized to Pick-Up
Relationship	Cell Phone	

## Parent/Guardian Authorization

- My child** may be given non-prescribed medication, like sunscreen or diapering ointment, as indicated on the container. Any other non-prescribed medication (i.e. Benadryl; Tylenol) will not be given without contacting parents first.
- My child's** photo may be used on our social media pages and/or website.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_